Direct Deposit Enrollment Form

To enroll in Direct Deposit, simply fill out this form and give it to your employer. Some employers require a voided check be attached for processing.

Company/Employer Name

I authorize the above named Company/Employer to initiate credit entries to the account(s) indicated below, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Account Information

Primary Direct Deposit Account. If no additional accounts are specified, 100% of your net pay will be deposited into the Primary Account.

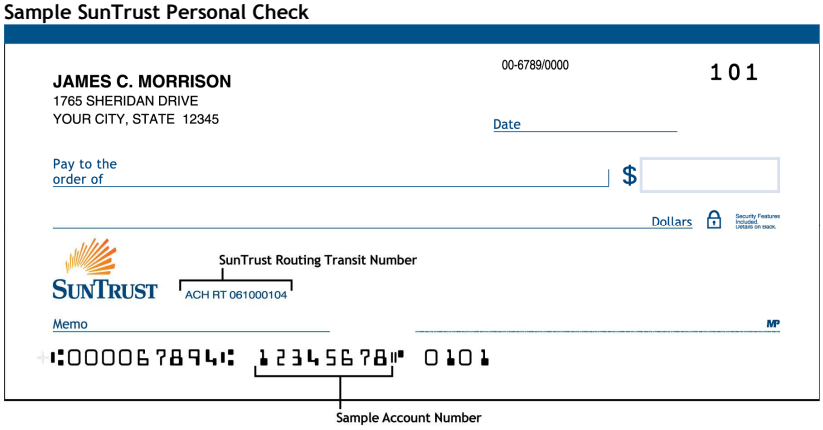
Priority	Bank Name	Transit/Routing Number (Must be Nine Digits)	Account Number	Amount	(Check One)
999	**SunTrust Bank**	**061000104**		**$**	☐ **Checking** ☐ **Savings**

Adding Additional Direct Deposit Accounts. Distributions are made to accounts according to the priority specified. Accounts with the lowest priority numbers are funded first, with the balance of your pay deposited into your Primary Account.

Priority	Bank Name	Transit/Routing Number (Must be Nine Digits)	Account Number	Amount	(Check One)
1	**SunTrust Bank**	**061000104**		**$**	☐ **Checking** ☐ **Savings**
2	**SunTrust Bank**	**061000104**		**$**	☐ **Checking** ☐ **Savings**

If monies to which I am not entitled are deposited to my account, I authorize my Company/Employer to direct the financial institution to return said funds.

This authorization is to remain in full force and effect until the Company/Employer has received written notification from me of its termination in such time and in such manner as to afford Company/Employer and SunTrust Bank a reasonable opportunity to act on it.

Employee Name	Employee ID
Signature	**Date**

Sample SunTrust Personal Check